BEST AVAILABLE COPY

				Application or Docket Number								
PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 O9 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \												
		SMA		ENTITY	OR	OTHER SMALL E						
FO	R	NUMBE	RFILED	XTRA	RA	ΓE	FEE		RATE	FEE		
BAS	SIC FEE							345.00	OR	1 P.	690.00	
TO	TAL CLAIMS	(ζ	minus 2	0= *		X\$	9=		OR	X\$18=		
IND	EPENDENT CL	AIMS 3	minus 3	3 = *		Х3	X39=			X78=		·
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT			40			OR	+260=		
* If -	the difference i	in column 1 is	less than zer	olumn 2	+13			OR		D 911		
* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL OTHER THA												
	CL	_AIMS AS A (Column 1)	MICHUED	SMA	ALL E	ENTITY	OR	SMALL	-			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 20	Minus	20	=	X\$	9=		OR	X\$18=		İ
	Independent	. 5	Minus	··· ප	= 2	ХЗ	9=		OR	X io =	160	
۷	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDENT CLAIM		1		· · · · ·	1	+260=		ĺ
						+13	O= OTAL		OR	TOTAL	(6000	
			•	(0.1.0)	(0.1	ADDIT			OR	ADDIT. FEE		٤
	-	(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)	_		ADDI-	1		ADDI-	
NDMENT B	\mathcal{B}	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	TIONAL FEE		RATE	TIONAL FEE	
	Total	. 10	Minus	- 20	=0,	X\$	9=		OR	X\$18=		
AMEND	Independent	· 4	Minus	*** 3	= ()	ХЗ	9=		OR	X78=		ŀ
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						80=		OR	+260=	, ,	
						T ADDIT	OTAL . FEE		OR	TOTAL ADDIT. FEE		
					_			ŀ				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 26	Minus	20	= 6	X\$	9= -		OR	X\$18=	108	
	Independent	.6	Minus	5	= '	ХЗ	9=		OR	X78=	80	1
Ľ	FIRST PRESE	 			1		 	1				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										1 Com	1	
** If the entry in column 1 is less than the entry in column 2, write 0 in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										*		

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										Application or Docket Number			
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2001								1 Day 9/2			5/0		
CLAIMS AS-FH/ED - PART I									SMALL ENTITY			OTUED.	7107
	26		(Column 1) (Colum								OR	OTHER SMALL	
TOTAL CLĂIMS							RAT		E	FEE		RATE	FEE
FOR			NUMBER FILED NUMI		NUMB	BER EXTRA		BASIC I	FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			2] L . minus 20= *		*	¥		X\$ 9=			OR	X\$18=	
INDEPENDENT CLAIMS			/ - minus 3 = *		*			X42=			OR	X84=	
ML	ILTIPLE DEPEN	DENT CLAIM PI	PRESENT					+140=			OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	-400	
CLAIMS AS AMENDED - PART II								1012	\L	<u> </u>	Jon	OTHER	THAN
l		(Column 1)	(Column 2) (Column 3)					SMALL ENTITY		ENTITY	OR	SMALL	
ENT®		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	=	addi- Tional Fee		RATE	addi- Tional Fee
MON	Total	* 39	Minus	** 2	7	= 12		X\$ 9	=		OR	X\$18≐	216
AMENDMENT	Independent	* NTATION OF MU	Minus	***	6	=		X42=	=		OR	X84=	2
L.	FIRST PRESE	NIATION OF MIC	JETIPLE DEF	ENDEN	CLAN		1	+140	=		OR	+280≃	
								TOT ADDIT. F			OR	TOTAL ADDIT. FEE	2/6/2
	(Column 1) (Column 2) (Column 3)												
NDMENT(B)		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY FOR	PRESENT EXTRA		RATE), 	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 39	Minus	უ **	8	= (X\$ 9:	=		OR	X\$18=	
AMENDI	Independent	. 6	Minus	*** (5	=		X42=			OR.	X84=	
L	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDEN	CLAIM			+140	=		OR	+280=	
							i.	TOT ADDIT. F			OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colui	mn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	_		OR	X\$18=	
	Independent	*	Minus	***		=		X42=	7		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┚┠		-			, 200	
	If the entry in colu	nn 1 is less than th	ne entry in colu	mn 2, write	e "0" in col	lumn 3.	L	+140= TOT			OR	+280=	
## ###	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								EE .			ADDIT. FEE	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													